

Understanding Safeguarding – “Safeguarding ‘v’ safeguarding”

How do you know if you should make a SG referral to the Local Authority?

It is not always easy to know what to do when concerned about someone who we work with or know is at risk of harm.

The word ‘safeguarding’ can be interpreted in different ways. This can create confusion when deciding what course of action to take when working with a person who needs support.

‘Safeguarding’ can mean two things:

1. a general response to keep someone safe and to ensure their needs are met, or
2. a formal safeguarding response under Section 42 of the Care Act 2014

What is ‘general response to keep someone safe’?

- Many people with physical or mental health needs who have care and support needs live in complex circumstances and can be very vulnerable.
- People may need support to keep safe, to manage risks in their day-to-day life and may need coordinated responses from health, social care, housing, or others.
- They are not necessarily experiencing abuse or neglect so will need a coordinated response to keep them safe, but **not** a formal safeguarding response.

What should I do if I think someone needs support or a coordinated multi-agency approach, but they are not experiencing abuse or neglect?

- If the person needs a social care assessment:
 - seek their permission to request support.
 - contact Gateshead Councils Adult Social Care Direct, to make a referral, *or*
 - find out if the person already has an allocated social worker.

Contact details and referral links can be found [here](#).

- If you know the person already has a package of care, but their needs have changed and this is making it more difficult to manage the risks in their day to day life, you can request a care and support review by contacting their Social Worker or by using this [link](#).
- If you know the professionals who are involved with the person, arrange an MDT meeting to discuss the person’s need for a risk assessment or a coordinated response.
- If the person has a physical and/or mental health need, seek their permission to contact their doctor in the first instance (or ring 999 if they need emergency help).

Please note: If you have not sought the persons permission to pass on this information, you may be asked to go back and speak to them for consent before the referral is accepted.

What is a 'formal safeguarding response'?

Please note the referrer remains responsible for managing the immediate risks to the adult, this should be done prior to submission of a safeguarding concern.

A safeguarding enquiry under s42 of the Care Act would be triggered if the local authority is made aware that an adult with care and support needs **has experienced or is at risk of abuse or neglect**, and because of their care and support needs, they are unable to protect themselves.

Raising a safeguarding adult concern referral to the local authority is a request for the local authority to consider whether a safeguarding enquiry needs to be undertaken based on whether the safeguarding duties under Section 42 are met.

The local authority will involve partners from other agencies, making enquires to decide whether action is necessary and if so, what and by whom.

What should I do if I think a formal safeguarding response is needed?

The first thing to remember is that the person must be at the centre of any 'safeguarding' activity.

At every stage of the process, we must think about 'making safeguarding personal' to that individual this means making sure we focus on:

- What does the person want to happen?
- Do they understand that they have been the victim of abuse or neglect or that they could be at risk?
- Do they have capacity to consent to a safeguarding referral being made about 'them'?

You should gain the persons consent, but if you feel that the person is unable to make an informed decision or, in your opinion, you feel they are still at risk, you can go ahead and make a referral to Gateshead Council, Adult Social Care Direct by using this [link](#).

Even if the person has not given their consent, the local authority may still be able to act.

To find out more about the specific criteria for a formal safeguarding response, you can use the [Safeguarding Adults Decision Making Tool](#).

What should I do if I want to ask the local authority to review a general response to a safeguarding decision?

- If you have made an adult safeguarding concern referral, but the LA have not triggered a formal enquiry, you can ask for a clear explanation of why, so that you can understand the reasoning.
- They will often also offer advice and support with the issue regardless of the safeguarding decision.
- If you still have concerns about abuse and harm, you can ask for the decision to be reviewed.
- Consider what new or more detailed information you can give the local authority to help consider the risks to the person.

Tip: you are helping the LA in the process of gathering information to establish whether they have 'reasonable cause to suspect' that abuse is present.

Examples of “General Responses to Safeguarding” and of “Formal Responses to Safeguarding”:

Example 1

Someone with dementia keeps letting themselves out of their home and wandering in the street putting themselves at risk. This is an example of a **general response to safeguarding**. The correct course of action would be:

1. Ask the person for consent to make a referral for a care act assessment.
2. If the person is not able to consent, you can still make a referral.

The necessary response will involve a care act assessment, a risk assessment, consultation with their GP and possibly a meeting of multi-agency professionals (often known as MDTs).

Example 2

Mrs Thomas is being cared for at home by her husband. She uses a hoist for transfers and has four double-up home care visits a day.

Her husband is struggling to manage the complexities of her care and is worried he will get something wrong and cause her some harm. . This is an example of a **general response to safeguarding**. The correct course of action would be to:

1. Ask **Mr** Thomas for consent to make a referral for a carers assessment.
2. Ask **Mrs** Thomas for consent to make request a review of her current care and support needs.
3. If **Mrs** Thomas is not able to consent, you can still make a referral.

The necessary response will involve completion of a Carers Assessment, a review of care and health provision for **Mrs** Thomas, completion of a risk assessment and possibly a meeting of multi-agency professionals (often known as MDTs)

Example 2.i (*follows on from example 2 above*)

- Mr Thomas tried to move his wife using the hoist before the carers arrived to provide double-up support, and she fell from the hoist, sustaining a fractured neck of femur.
- Mr Thomas had been clearly told not to use the hoist on his own due to the risk of harm.
- This is an example of a **formal response to safeguarding** as Mrs Thomas has suffered harm because of the direct actions of her husband a formal Safeguarding process needs to be followed using s42 of the Care Act.

Example 3

Mr Patel lives alone and is not coping. He appears to be lacking capacity to make decisions about his own care and support needs.

His daughter does not want to move him to residential care as she promised she would care for him at home.

Professionals have a suspicion that the motive for keeping Mr Patel at home could be to preserve his funds so his family can inherit his money.

This is a response to a **general response to safeguarding**. There is no need to make a safeguarding referral for this case:

- There is no indication that Mr Patel's family have abused him.
 - However, there's a difference of opinion where his health or care needs should best be met.
 - As he appears to lack capacity to make the decision about how his care needs should be met a best interests meeting will need to be held with family and professionals to decide on his behalf.
1. Carry out a mental capacity act assessment around Mr Patel's ability to make decisions about his own care and support.
 2. If Mr Patel **lacks capacity**, then call a best interest meeting.
 3. If Mr Patel **does not lack capacity**, then he can decide how his care and support needs are met.

Example 3.i *(follows on from example 3 above)*

Following a best interest meeting, a best interests decision is made that Mr Patel's care needs will be best met in a care home.

- His family have locked him in the house and are refusing access to the GP and district nurse as they do not want him to move to a care home.
 - He requires regular treatment for leg ulcers and diabetes which are not being carried out as health professionals cannot gain access to the property:
1. Mr Patel is suffering from neglect as a result of his family's actions, *and*
 2. this could be leading to harm from infection and diabetes related problems.

Example 4

Someone with dementia living in a secure care home managed to leave the building because a carer did not close the external door.

They became lost and were found by the police, suffering from hypothermia. This is an example of a **formal response to safeguarding**

1. The person has suffered abuse by neglect as the door was left open and they were able to get out of an environment where they should have been kept safe, *and*
2. as a result, they have come to harm (hypothermia).

Example 5

Antonia is in recovery as she is a dependent drinker. She attends regular appointments with her alcohol recovery worker and is engaging well with a trauma counsellor.

She has abstained from drinking alcohol for 3 months, however, a significant member of Antonia's family dies, and Antonia gets drunk at the wake following the funeral.

Antonia falls over in the car park whilst waiting for a taxi to take her home. She hits her head resulting in a cut. The bar staff call for an ambulance.

The paramedic crew who attends the accident recognise Antonia as they had previously been called to incidents when Antonia was drinking regularly. The paramedic crew raise a safeguarding concern for self-neglect without Antonia's consent.

This is an example of a **general response to safeguarding**. There is no need to make a safeguarding referral.

- Antonia is already engaged with alcohol recovery services and there is no evidence of abuse or neglect.
- Antonia was not asked to give her consent for a concern to be raised and there is no obvious

Further guidance

[GSAB Multi-Agency Policy and Procedures](#)

[Safeguarding basic awareness training](#)

Glossary of Terms

This guidance has been developed from the Norfolk SAB "Safeguarding 'v' safeguarding" document.